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BRIDLINGTON RURAL DISTRICT COUNCIL



PUBLIC HEALTH DEPARTMENT
ANNUAL REPORT FOR THE YEAR

1967

MEDICAL OFFICER OF HEALTH

Dr. P. D. H. Chapman
B.A., M.B., B.Ch. (Cantab)

SURVEYOR AND SENIOR PUBLIC HEALTH INSPECTOR

G. Anderson
C.S.I.B.



RURAL DISTRICT COUNCIL OFFICES
9 WESTGATE,
BRIDLINGTON

BRIDLINGTON RURAL DISTRICT COUNCIL
EXECUTIVE AND PUBLIC HEALTH COMMITTEE

Chairman

Councillor T. Woodhouse, J.P.

Members of the Committee

Councillors :-

D. H. Foxon	G. Suter
J. A. Hudson	T. W. Wainnes
H. E. Shipley	F. S. Watson
H. Smith	Miss E. P. Wilson

T. Woodhouse J.P.

Officials

Clerk to the Council:

R. A. Lakin

Medical Officer of Health:

Dr. P. D. H. Chapman
B.A., M.B., B.Ch. (Cantab)

Senior Public Health Inspector:

G. Anderson
C.S.I.B.

Additional Public Health Inspectors:

H. Fell
Cert. S.I.B.

A. M. Barker
A.M.P.H.I.

BRIDLINGTON RURAL DISTRICT COUNCIL

Public Health Department,
Council Offices,
Midland Bank Chambers,
9, Westgate,
Bridlington.

To the Chairman and Members of the
Bridlington Rural District Council.

Ladies and Gentlemen,

I have the honour to submit to you my Annual Report on the health
of the Rural District for the year 1967.

General Statistics

Area of District (acres)	66,903
Population of Area (Mid year estimated from the Registrar-General's figures)	8,840
Population of Area (Previous year)	8,810
Total Number of Rated Properties in the District	4,334
Private dwellings including agricultural	3,872
Shops with private dwellings	72
Shops without private dwellings	57
Hotels and boarding houses	4
Public houses	23
Holiday Camps and Caravan Sites	31
Miscellaneous hereditaments other than classified above	275
Rateable Value 1967/68	£296,739
Product of Penny Rate at 31st March, 1967	£ 1,166 17s. 4.269d.

Vital Statistics

Live Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>	
Legitimate	64	55	119	a percentage of 94.96 total births
Illegitimate	3	3	6	a percentage of 5.04 total births
	<u>67</u>	<u>58</u>	<u>125</u>	

Stillbirths

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	2	3
Illegitimate	0	1	1
	<u>1</u>	<u>3</u>	<u>4</u>

Stillbirth rate per 1000 births	31.00
Stillbirth rate for England, Wales per 1000 births	14.80
Birth rate per 1000 of estimated resident population	16.49
Rate per thousand (Total live and stillbirths)	17.07
(These rates are adjusted by a comparability factor of 1.17)	
Birth rate for England and Wales per 1000 living population	17.2

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Deaths

<u>Male</u>	<u>Female</u>	<u>Total</u>
65	59	124

Of the 124 deceased, 52 attained to 75 years or over, a percentage of 41.92 of total deaths.

Death rate per 1000 of estimated resident population 11.90
(Comparability factor 0.85)

Death rate per 1000 population England and Wales 11.2

There were no deaths from puerperal causes.

Infant Mortality

Death of infants under 1 year of age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	1	2
Illegitimate	0	0	0

Infantile death rate per 1000 live births (Legitimate) 16.00

Perinatal mortality (Deaths under 1 week plus stillbirths) 40.00

Infantile death rate per 1000 live births (Legitimate)
for England and Wales 18.3

Death of infants under 4 weeks of age 1 = 8 per
1000 births

Death of infants under 1 week of age 1 = 8 per
1000 births

Death of infants under 4 weeks of age. England and Wales 12.5

Death of infants under 1 week of age. England and Wales 10.8

Perinatal mortality. England and Wales 25.4

Zymotic Diseases

There were no deaths from Zymotic Diseases, i.e. Smallpox, Measles, Whooping Cough, Scarlet Fever, Diphtheria, Enteric Fever, Diarrhoea and Enteritis (under 2 years).

A tabulated record of the causes of death will be found at the end of this report.

Infectious Diseases

Diseases notified during the year:

Disease	Total Notified	Admitted to Sanatorium	Deaths
Measles	43	-	-
Whooping Cough	1	-	-
Dysentery	3	1	-
Pulmonary Tuberculosis	1	-	-

Case rate per 1000 population

Measles	4.75	Whooping Cough	0.11
Dysentery	0.33	Pulmonary Tuberculosis	0.11

Tuberculosis :

Number of cases on the register at 31st December, 1967 :-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Pulmonary	39	24	63
Non Pulmonary	12	18	30
New cases notified	1		
Cases removed from register	-	None	

Immunisation and Vaccination Statistics at 31st December, 1967

Smallpox Vaccination

Age at date of vaccination	Years					Total
	Under 1	1 - 2	2 - 4	5 - 14	15 and over	
Number vaccinated	6	21	3	1	1	32
Number re-vaccinated		-	-	3	-	3

Diphtheria Immunisation

	Under 5 yrs.	5 to 15 yrs.	Total	Booster
No. of children immunised	73	4	77	117

Immunisation against Tetanus

	Under 5 yrs.	5 to 15 yrs.	Total	Booster
Diphtheria/Tetanus	-	-	-	60
Diphtheria/Whooping Cough/Tetanus	73	4	77	57
Tetanus only	-	5	5	7
Totals	73	9	82	124

Public Health Laboratory Service

Bacteriological examination of samples of water and milk continues to be carried out by the Public Health Laboratory in Hull under the direction of Dr. J. H. McCoy.

The City Analyst, Hull, has been called upon to assist in the Chemical Analysis of sewage and other effluents. Random sampling of effluents is carried out by the Public Health Department as a routine at all Sewage Disposal Works.

Housing

The housing survey continues in operation and the records have been kept up to date. In accordance with the policy of the Council those houses capable of improvement are provided with the five essential amenities through the agency of Standard and Discretionary grants. The five essential amenities are:- (1) Bath or shower (2) Wash hand basin (3) hot water system (4) Water closet (5) Food store.

During the year 17 Discretionary grants and 7 Standard grants were arranged. There were no properties demolished during 1967.

Sewage Disposal

There has been some trouble at Haisthorpe Sewage Works due to interference by children; control in this matter is difficult. Parents and school teachers could perhaps help.

List of Works

- Work completed - 1954 Hunmanby : Construction of storm water tanks and storm water overflows. Included in this contract were sludge drying beds to be constructed at the Sewage Disposal Works.
- 1956 Haisthorpe : Work to provide a separate system of sewers and a Sewage Disposal Works.
- 1960 Hunmanby : Separate system of sewers established. Sewage Disposal Works enlarged to approximately twice the capacity. The work included provision of flow recorder, settlement tanks, aeration filters and humus tanks. A pumping station was installed at the Sewage Disposal Works. Total Hunmanby £68,024.
- 1965 Flamborough : Extensions to sewer in Carter Lane to South Sea Road.

Works under construction The work on the Skipsea Area Sewerage and Sewage Disposal Scheme, including the villages of Ulrome and Barmston, started in April 1965 is scheduled to be completed by June 1968.

Works planned Reighton and Speeton : Provision of a separate system of sewers, clean and foul, and a new Sewage Disposal Works are planned. The existing system is inadequate.

Muston, Folkton and Flixton : A scheme on the separate system is planned.

Thwing, Octon, Wold Newton, Burton Fleming and Rudston : A scheme for the whole area is planned.

Refuse Collection

A weekly collection of refuse continues with satisfaction both to the Public Health Department and to those living in the Rural District. This refuse collection has never failed to live up to its designation of weekly, even during the holiday season when the population of the District is increased enormously. There are 121 outlying premises for which a weekly collection is inadvisable owing to excessive cost.

Refuse Disposal

This continues to be by tipping. This is recognised as being unhygienic and becomes more difficult to carry out every year, as the bulk of refuse increases and the cost of labour and sealing materials goes up. Conveniently sited holes in the ground are being used up. A composting system is the answer to these problems. Unfortunately the economic situation of the country is said to rule this out for the present.

Food and Meat

Meat inspection is total. There are two private licensed slaughter-houses. A satisfactory standard of hygiene is maintained.

Water Supplies

The Council decided to recommend the fluoridation of the water supply, but the Water Board has not seen fit to comply with this recommendation. The supply of water is satisfactory both in quantity and quality. Bacteriological control is done by the Water Board.

It would be the expected thing, as I write my last Annual Report, that I should list the changes in public health which have occurred during my 46 years as your Medical Officer of Health.

Forty six years ago the Ministry of Health was a small Ministry created but a few years earlier, in 1918 to be precise. As the health of the population improved the size of the Ministry of Health increased, until in 1964 it underwent binary fission and gave rise to the Ministry of Health and the Ministry of Housing and Local Government. If the health of the people continues to improve one may expect - obeying Parkinson's Law - a third Ministry to develop, a Ministry of Sewage perhaps!

Among the causes of improved health have been the mains supply of water to all villages, the clearance or upgrading of unfit houses, the better sewerage of the villages, and the improved refuse collection. These things are known to Councillors and are, indeed, the fruits of their decisions over the years. The record of the Rural Council has been very good in all such matters. Details of the most recent work done and of future plans in the realm of sewage disposal have been described earlier. Such work is very expensive and, though essential, lacks glamour. Nevertheless even such an unlikely subject can be illuminated by great poetry.

"The Moon's an arrant thief,
And her pale fire she snatches from the sun.
The Sea's a thief whose liquid surge resolves
The Moon into salt tears. The Earth's a thief,
That feeds and breeds by a composture stolen
From general excrement".

The Rural District Council has no direct responsibility for the welfare services which are controlled by the East Riding County Council, but the Rural District, by its County Rate, contributes largely to their cost. I feel therefore that I am in order in airing some criticisms of those services which include an element of public health in their work.

My basic criticism is that County Councils and their Medical Officers of Health and the Ministry of Health itself concern themselves only with improving the environment of the people; their houses, their food, and their drains, and never with the inborn or genetic quality of the people. This exclusive concern with the environment was only to be expected of the pioneers of public health like Chadwick. Sanitary conditions were indeed atrocious in those days. Hygiene was non-existent and the death rate, especially among the poor, was very high.

Much sewage has flowed under Westminster Bridge since the days of Chadwick, Disraeli, and the Public Health Act of 1876.

Now that the environment is so salubrious, to continue to confine the scope of Public Health to concern for external conditions only is to act like generals who are said to prepare to fight the last war.

At the present time 94% of those born in England and Wales reach reproductive age, a state of affairs unique among living creatures and one never before obtained among mankind. What this means is that natural selection for parenthood no longer exists. This is a situation to be received not with complacency but with alarm.

It is true that some herds of ungulates, such as antelopes, may live in favoured localities and have a low mortality, but in such herds parenthood is severely restricted to dominant males of exceptional strength and cunning. In some herds only one male in twenty enjoys the privilege of parenthood. In this country even the most sickly and/or inefficient offspring can survive to reproductive age and become a parent.

It follows that the more hygienic and healthful the environment, the more all-embracing and compassionate the Welfare services, the more thought should be given to the dangers of racial deterioration.

Dr. Alan Stevenson, Director of the Population Genetics Research Unit at Oxford, has stated that about 2% of all children born today would have a gene or a chromosome disorder, or in other words would have an unfavourable genetic endowment. Such children, he forecasts, will be problems to themselves, society and their parents.

It is evident that if reproduction from such inferior stocks is neither prevented by premature death or severe sexual selection as occurs in the natural state, nor by design in a Welfare State, these genetic disorders, being transmissible, will affect future generations. An ever increasing build up of these disorders will occur.

Until this year this danger has been ignored. Now, however, the Minister of Health has promoted the National Health Services (Family Planning) Act, 1967, which received the Royal Assent on June 28th, 1967. By virtue of this Act Local Authorities are able to give contraceptive advice and supply contraceptives for social reasons and not, as heretofore, only for medical reasons, both to married and unmarried alike. At the discretion of the Authority a charge may be made if contraceptives are supplied for social reasons. These new powers will allow local Authorities to reduce the number of undesired and undesirable pregnancies, especially among the so-called "problem families".

What can be done for these "problem families" is shown by the following summary of a report by Dr. Pauline Jackson of the Cardiff Family Planning Association of a two and a half year study of 104 women of this impoverished class. The average age of these mothers was 27.4 years and they had had 5.8 pregnancies in 7.2 years. Social Security payments were being made to 78.8 per cent of these families.

Fifty two - one half - of these mothers were offered a programme of contraceptive care and the other 52 were used as a control group. The 52 women having contraceptive care had 8 pregnancies during the 2½ years of the trial and the control group had 43 pregnancies, constituting a pregnancy rate per 100 woman years of 8.75 and 63.6 respectively. Contraception was by the Pill or by Intra Uterine Device. The essentials of the trial were that it was free, that much of the work was domiciliary, and after care was given mainly by a highly trained health visitor. Thus by persuasion and advice these inefficient mothers were taught to control their formidable fecundity.

The financial benefit is manifest, the biological benefit is incalculable, and much social misery is prevented.

Results such as these cannot be won by doctors, nurses, and social workers, sitting in hygienic Family Planning clinics. These problem families must be visited in their unhygienic and smelly homes, - a world away from the clinic and its cincture of glittering baby carriages. Only thus will these families be helped to escape the recurring burden of parenthood for which they are so manifestly unfitted. There should be close liaison between Family Planning clinics, and Maternity Hospitals, and the Maternity Services. The new (Family Planning) Act of 1967 gives local Authorities power to follow in the steps of the Cardiff Family Planning Association, and the Minister of Health in his circular 15/67 urges them to make provision for Family Planning for social reasons.

It really looks as if the Minister of Health knows that D.N.A. is not an abbreviation for a new insecticide, but stands for deoxyribonucleic acid, the substance which carries the genetic code, and which ensures that elephants give birth to baby elephants and none other, and that children resemble their parents, and that feeble minded parents are likely to give birth to feeble minded children.

It is to be hoped, therefore, that many Medical Officers of Health will be stimulated by the Minister of Health's circular 15/67 and will in their turn persuade their Councils to press on with schemes of family planning, and that in so doing they will not lose sight of the social and genetic aspects inherent in family planning. Because politicians find it necessary to declare that all men are born equal, that is no reason for Medical Officers of Health to subscribe - or pretend to subscribe - to so ridiculous a dogma. It would be idle to argue as to the relative importance of environment and of heredity. Both are important, as every farmer knows.

Population - There must of necessity be a limit to the size of a population in relation to the size of the country, its natural features, and the character and desires of its people. This is a problem which is properly the concern of politicians and, strangely, of theologians, and they have failed dismally to deal with it. Overcrowding, on the other hand, is very much a problem for local Authorities and their Medical Officers of Health. They have a statutory duty to prevent or remedy overcrowding in dwelling places. It would seem inconsistent in Governments to legislate against overcrowding and at the same time, with a serious housing shortage, to allow unrestricted or inadequately restricted immigration to occur. As if that were not enough, it is proposed to subsidise, and therefore encourage, large families. (As a matter of general interest I append a graph, showing the projected world population increase up to 2000 A.D.)

Parenthood - Efforts have been made in many countries to supplement, and in some Communist countries to replace, parental care by a state system of childcare.

It is now pretty well admitted by every Government that social services can never equal the loving care of intelligent parents, either in efficiency or economy. This being so it would have been reasonable for the state to adopt policies which would reduce the number of children born to irresponsible or degraded parents, whose children would be likely to need the care, inevitably imperfect and expensive, of local Authorities. Until now there has been a policy of drift and each year a greater number of children are taken into the care of local Authorities or of charitable organisations.

At the time of writing Sir Alec Clegg, the West Riding's Chief Education Officer, has estimated that there are 30,000 deprived children in the West Riding, and that these children are not deprived of food but are suffering from moral and spiritual neglect. In fact the problem is, at bottom, not one of deprived children but of depraved parents.

Now the new Family Planning Act of 1967 gives local Authorities power to provide every contraceptive facility so that, as far as in them lies, no child unwanted by its parents shall be born. Voluntary sterilisation should be encouraged. Abortion for social reasons is now (1968) legal and can be used as a back-stop.

Emigration - If the healthy and talented emigrate there is an immediate loss of their energy and talents to this country. Concern has been expressed over this immediate loss, but I have not observed any concern over the long term loss to the "genetic pool" by this emigration, though many gloomy warnings have been sounded over the long term loss to horse racing by the export of our best stallions and brood mares. This strange paradox can be explained by the fact that politicians do not have to pretend to believe that all race horses are born equal, and this frankness in turn can be explained by the fact that race horses have no votes and therefore do not need to be flattered by nonsense about equality.

Lest the impression of ruthlessness be left in your minds by my remarks, I leave this quotation with you. It was written by Sir Francis Galton, the man who coined the word 'Eugenics'.

"Man is gifted with pity and other kindly feelings; he has also the power of preventing many kinds of suffering. I conceive it to fall well within his province to replace natural selection by other processes that are more merciful and not less effective. This is precisely the aim of Eugenics".

I hope that I have left you with a fresh vision of the tasks which lie open to the Public Health service in the future. Great successes were won in the past in the field of hygiene. May equal success attend efforts to preserve, and eventually to improve, the inborn qualities of the people of this country.

Finally, I wish to thank my colleagues in the Public Health Department for their invaluable help and patience, and to record my appreciation of the trust reposed in me by members of the Council during my 46 years of service. Ave atque vale.

I am, Lady and Gentlemen,
Your obedient servant,

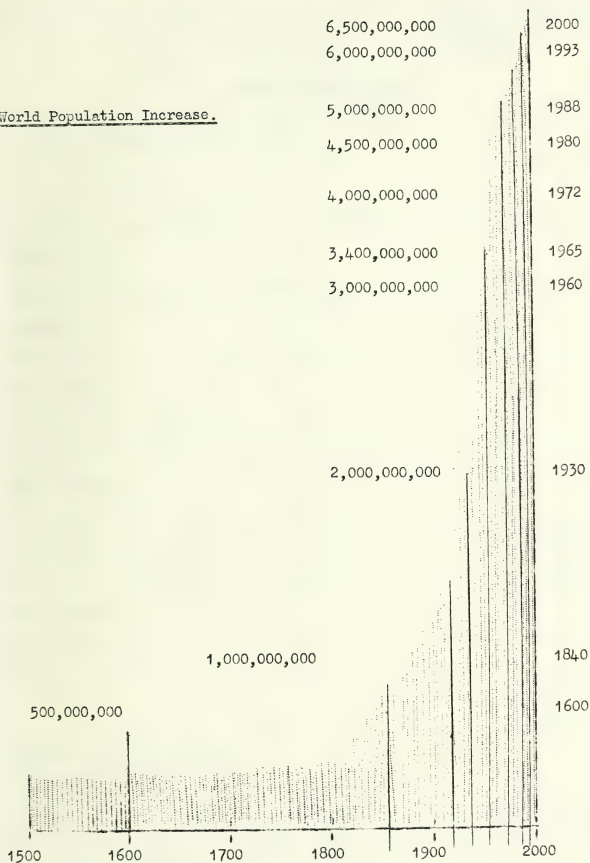
P. D. H. Chapman
Medical Officer of Health

June, 1968

Cause of Death	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	Age in years								
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over
Malignant Neoplasm, Stomach	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Malignant Neoplasm, Lung, Bronchus	M	3	-	-	-	-	-	-	-	-	-	1	1
	F	1	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Uterus	F	4	-	-	-	-	-	-	-	-	-	3	1
Other Malignant and Lymphatic Neoplasms	M	9	-	-	-	-	-	-	-	-	-	3	4
	F	8	-	-	-	-	-	-	-	-	-	-	4
Vascular Lesions of Nervous System	M	9	-	-	-	-	-	-	-	-	-	3	3
	F	14	-	-	-	-	-	-	-	-	-	6	6
Coronary Disease, Angina	M	20	-	-	-	-	-	-	-	-	-	10	4
	F	10	-	-	-	-	-	-	-	-	-	4	6
Other Heart Disease	M	5	-	-	-	-	-	-	-	-	-	1	4
	F	12	-	-	-	-	-	-	-	-	-	2	10
Pneumonia	M	2	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	1
Bronchitis	M	2	-	-	-	-	-	-	-	-	-	2	-
	F	2	-	-	-	-	-	-	-	-	-	1	-
Other Diseases of Respiratory System	M	1	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-

Cause of Death	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	Age in years									
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over	
Gastritis, Enteritis and Diarrhoea	M	1	-	-	-	-	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Hyperplasia of Prostate	M	2	-	-	-	-	-	-	-	-	-	-	-	2
Other defined and ill-defined diseases	M	4	-	-	-	-	-	-	-	-	-	1	1	2
	F	2	1	-	-	-	-	-	-	-	-	-	-	-
Motor Vehicle Accidents	M	1	-	-	-	-	1	-	-	-	-	-	-	-
	F	1	-	-	-	-	1	-	-	-	-	-	-	-
All other Accidents	M	4	-	1	-	-	-	-	-	-	-	2	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	-	1
Suicide	M	1	-	-	-	-	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	65	-	1	-	1	-	2	3	13	23	22	-	-
	F	59	1	-	-	1	-	-	2	7	17	30	-	-

World Population Increase.



This graph shows the population rise to be expected during the next thirty-two years.

(Ack: Dr. Sydney Greaves.)

BRIDLINGTON RURAL DISTRICT COUNCIL

Public Health Department,
Midland Bank Chambers,
9, Westgate,
Bridlington.

ANNUAL REPORT 1967

To the Chairman and Members of the
Bridlington Rural District Council.

Ladies & Gentlemen,

I enclose my Annual Report for the year ended 31st December, 1967.

General:

Summary of visits made by the Public Health Inspectors during 1967.

Summary:

Housing Acts	400
Public Health	540
Food Premises	112
Meat and Slaughterhouse Inspection	405
Factories	50
Rodent Control	200
Public Cleansing	340
Council House Maintenance	800
Camps and Caravan Sites	350
Sewage Works and Drainage Inspection	750
Water Supplies	38
Milk Legislation	15
Petroleum Licenses	40
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	4040
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SEWERAGE AND SEWAGE DISPOSAL

Maintenance

The maintenance of sewage disposal works and plant has continued satisfactorily. There were times during the holiday season when the burdens thrown onto the Council's labour were too great to ensure the continuity of maintenance, and as a result routine programmes fell behind.

Children gave a good deal of trouble - their attentions and interest in the penstocks has caused the Council unnecessary expense during the last few years. On all new sewage disposal works we are now ensuring that capstan penstocks are locked, and where hand penstocks are not in use they will be returned to store. This kind of trouble causes much extra work in maintenance, and there is a danger that samples of effluent will be bad and reflect on the Council's maintenance effort.

Skipsea Area Sewage Disposal Works was put into use in October, 1967, and since that date the sewage flow has increased steadily as properties have been connected to the sewerage system. Completion of the works of construction was programmed for the end of June, 1968.

Reighton Sewage Disposal Works continues to produce an unsatisfactory effluent. The effluent is discharged to a stream which eventually passes over the beach adjoining Reighton sands. This sewage disposal works is over-loaded. There is a combined flow of sewage and surface water. The surface water swamps the sewage disposal works during periods of rain.

Speeton Sewage Disposal Works discharges its effluent into the chalk stratum.

Bempton Sewage Disposal Works has been improved considerably during the last few years and during 1967 showed good samples and a high standard of maintenance.

Flamborough. Hartendale gutter which contains the greater part of the sewage from Flamborough, receiving the contents of the sewer crude, was regraded. The regrading has improved the situation in the Hartendale area greatly, and even during the heaviest storms there has been no flooding due to storm water.

Rudston Sewage Disposal Works. Difficulty is still experienced in maintaining this sewage works. A few years ago the Council acquired extra land for sludge drying beds but the humus tanks cannot gravitate to the beds, and as these tanks should be emptied weekly in the spring and early summer there have been bad samples of effluent. There is no access road to the site, and some provision will have to be made for a small pump to empty the humus tanks.

REFUSE COLLECTION AND DISPOSAL

Vehicles : Vehicle breakdown was responsible for loss of time during 1967. The service was in danger of breaking down on a number of occasions; it was decided that a new vehicle be purchased early in 1968. There was an increase in the amount of refuse to be moved; a fair assessment would be a 3% increase on the previous year.

A weekly collection of refuse was sustained throughout the district with the exception of outlying premises. The service was reliable and offered a service second to none. The vehicles served properties on a given day at a given time each week consistently. There are few complaints and where a complaint is made it is generally due to some misunderstanding which is easily cleared up to the satisfaction of all concerned.

Disposal of Refuse : The new digger-power shovel, purchased for control of refuse tips, was the main instrument used for handling refuse on the dumps. This machine is certainly not as robust as the previous one; this is a sign of the times, the cause being acceptance by our economy of the policy of planned obsolescence. Track rod ends shear under the slightest strain and things break when they shouldn't break ... These are irritations which tend to slow down even the most efficient of services.

Burton Fleming refuse tip was set on fire and a great deal of money was spent in controlling and extinguishing the fire. A trench was dug isolating the fire and soil transported to the tip was used to fill the trenches and cover the whole of the tip surface. Since that time the tip has not been used. At the time of the fire steps were taken to exterminate a heavy infestation of rats. On completion of this poison treatment a complete clearance was effected. Not a rat remained.

Sewage sludge collected by the cesspool emptier is disposed of at Stone Pit Quarry, Stone Pit Lane, Bempton.

Tips in use at the present time are Bempton and Flamborough - the whole of the refuse is put into these tips. From the period October, 1967, for six months Howe Pit at Hunmanby was used as a temporary tipping site. The pit is now full and the process of levelling is just about completed.

PUBLIC HEALTH

Complaints and nuisances were dealt with as they arose. The area seemed particularly quiet in this respect during 1967.

FOOD AND MEAT INSPECTION

There are two licensed private slaughterhouses in the district. The quality of the meat from these slaughterhouses is extremely good. All the meat killed in these slaughterhouses for human consumption is inspected without fail.

The table below gives the numbers of animals killed with comparative figures to 1961.

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
Bovine	249	236	306	279	245	243	254
Calves	1	22	39	2	-	-	-
Sheep & Lambs	808	746	776	766	695	665	781
Pigs	220	173	324	289	372	302	288
	<u>1278</u>	<u>1177</u>	<u>1445</u>	<u>1336</u>	<u>1316</u>	<u>1210</u>	<u>1323</u>

Condemnations

Bovine liver - 396 lbs. nett. Distomatosis, cirrhosis and abscessed conditions.
Pig (a) Carcase meat - 88 lbs. nett. Oedematous.
(b) Hearts - 2 No. Pericarditis.
(c) Head - 1 No. Tubercular lesions.
(d) Liver - 4 lbs. nett. Milk spot.
Sheep - 1 No. carcase and organs. Moribund.

Meat found to be unfit for consumption on inspection is voluntarily surrendered for disposal by the Council at their tipping sites. The diseased meat is buried.

STAFF

Mr. J. R. Manners, Additional Public Health Inspector, left early in 1967.
Mr. A. M. Barker joined the staff as Additional Public Health Inspector on April 1st, 1967.

MARINE EROSION - BARMSTON CLIFFS

After a heavy storm the Surveyor and Senior Public Health Inspector exercised emergency powers contained in Section 25, Sub-section 8, of the Public Health Act, 1961. Thirteen bungalows at South Cliff, Barmston, were rendered unsafe by a storm. One of the bungalows fell over the cliff completely. Part of two others fell over the cliff, and the rest were found to be unsafe. Notice was served on the owners and occupiers of the bungalows that they should not be occupied from that time, and that steps should be taken to demolish the bungalows and clear the site. This step was taken due to the instability of the cliff and the danger to the public.

FACTORIES ACT

In total 50 inspections were made. Twelve inspections were in connection with the provisions of Sections 1, 2, 3, 4 and 6. Three inspections were in connection with the provisions of Section 7. There were no prosecutions.

Yours faithfully,

G. ANDERSON

Surveyor and Senior Public Health Inspector

17th July, 1968.

